

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION DOMESTIC OR INDUSTRIAL WWTP COMPLIANCE REVIEW INSPECTION REPORT		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> CODE SHEET	
PERMITTEE: ADDRESS: FACILITY NAME:		WQ 0000000-000 TX 0000000 <input type="checkbox"/> N/A	
TYPE WASTE <input type="checkbox"/> DOM - Domestic <input type="checkbox"/> IND - Industrial	CLASSIFICATION <input type="checkbox"/> Major <input type="checkbox"/> 92-500 Minor <input type="checkbox"/> Other Non-major	RETENTION CODE <input type="checkbox"/> D - Discharge to surface water <input type="checkbox"/> R - Retained (land disposal)	
REGION: 00	COUNTY: 000	BASIN: 00	SEGMENT: 0000
OPERATIONAL STATUS <input type="checkbox"/> A - Active <input type="checkbox"/> I - Inactive	TYPE INSPECTION <input type="checkbox"/> ACI - Annual Compliance Inspection	SELECTION CODE <input type="checkbox"/> GM-Grant Major <input type="checkbox"/> GB-Galv. Bay Grant Minor <input type="checkbox"/> MD-Mandatory Grant Minor <input type="checkbox"/> DS-Discretionary	
DATE INSPECTED 00/00/00 DATE REPORT 00/00/00 DATE LETTER 00/00/00	FIELD MEASUREMENTS TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE LAB SAMPLE <input type="checkbox"/> COM - Composite <input type="checkbox"/> GRB - Grab <input type="checkbox"/> NON - None	
CHAIN OF CUSTODY TAG NUMBER(S) <input type="checkbox"/> N/A 		OUTSTANDING ALLEGED VIOLATIONS/DEFICIENCIES <input type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY EVAL. CONCERNS [2 LETTER CODES ONLY] <input type="checkbox"/> N/A M = U =	ALLEGED EFFLUENT VIOLATIONS <input type="checkbox"/> N/A <input type="checkbox"/> BOD ₅ <input type="checkbox"/> TOC <input type="checkbox"/> pH <input type="checkbox"/> CBOD ₅ <input type="checkbox"/> COD <input type="checkbox"/> DO <input type="checkbox"/> TSS <input type="checkbox"/> Metals <input type="checkbox"/> Cl ₂ Res. <input type="checkbox"/> NH ₃ -N <input type="checkbox"/> Organics <input type="checkbox"/> Dechlor. Cl ₂ Res. <input type="checkbox"/> Other (Specify):		
RESPONSE DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE RESPONSE DUE 00/00/00 <input type="checkbox"/> N/A		
ENFORCEMENT INITIATION REQUEST WITH THIS REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ENFORCEMENT INITIATION REQUEST 00/00/00 <input type="checkbox"/> N/A		
INSPECTOR:		INITIALS: 000	
COMMENTS RELATED TO CODE SHEET DATA: 			
ROUTE TO: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Permit Applications <input type="checkbox"/> Municipal Permits <input type="checkbox"/> Industrial Permits <input type="checkbox"/> Toxicity Evaluation </div> <div> <input type="checkbox"/> Pretreatment <input type="checkbox"/> Sludge/Transporter <input type="checkbox"/> Self-reporting <input type="checkbox"/> Operator Certification </div> <div> <input type="checkbox"/> Enforcement <input type="checkbox"/> Record Services <input type="checkbox"/> Other: _____ _____ </div> </div>			

A. CONTACT NAME/TITLE:

PHONE:

CONTACTED

YES NO

() ()

() ()

() ()

B. TREATMENT SYSTEM: List units and/or attach schematic. If land disposal, include description of disposal method.

If the permit has interim and final limits, indicate phase in effect.

() Applicable () N/A

Describe any plant modifications since the last annual inspection.

() Applicable () N/A

C. INSPECTION SAMPLE RESULTS: () N/A - No samples/measurements taken

[illegible]

D. RECEIVING WATER AT TIME OF INSPECTION:

Is effluent discharged to a classified segment or within 300 feet of a classified segment? ☐ Yes ☐ No ☐ N/A - Land disposal If no, complete the following chart (check all appropriate categories):

Name of receiving water:		
<input type="checkbox"/> Lake	<input type="checkbox"/> Tidal stream	<input type="checkbox"/> Wetland, marsh
<input type="checkbox"/> Bay	<input type="checkbox"/> Playa	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Ditch Up Down <input type="checkbox"/> () Man-made <input type="checkbox"/> () Normally flowing <input type="checkbox"/> () Dry channel <input type="checkbox"/> () Isolated pools <input type="checkbox"/> () Natural swale		<input type="checkbox"/> Stream Up Down <input type="checkbox"/> () Channelized <input type="checkbox"/> () Normally flowing <input type="checkbox"/> () Dry channel <input type="checkbox"/> () Isolated pools

E. FACILITY EVALUATION: S = Satisfactory N/E = Not Evaluated
 M = Marginal N/A = Not Applicable
 U = Unsatisfactory

Provide comments in Sections F, G and/or I for all M and U ratings.

Eval	Code	Category	Eva I	Code	Category
	75	Compliance with 75/90 rule		SP	Self-monitoring procedures
	II	Infiltration/Inflow		LP	Laboratory procedures () Commercial _____ () In-house
	FL	Compliance with flow limits		SE	Self-monitored effluent quality
	UD	Unauthorized discharges		RE	Region-documented effluent quality
	CO	Certified operator		RS	Receiving stream
	IW	Industrial waste contribution for domestic WWTP		SD	Sludge disposal
	OM	Operations and maintenance		IP	Irrigation practices
	FA	Flow measurement accuracy Type primary flow measuring device: _____ Field check attached: () Yes () No If no, provide explanation.		CS	Compliance schedule

				OT	Other: _____ _____
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F. OUTSTANDING ALLEGED VIOLATIONS: () Applicable () N/A

No.	Requirement(s) Cited	Description of Alleged Violation and Corrective Action Recommendation	Compliance Due Date

G. OTHER ALLEGED NONCOMPLIANCES NOTED AND RESOLVED: () Applicable () N/A

The following alleged noncompliances were discussed with Name and Position on Date. These alleged noncompliances were either corrected on-site at the time of the inspection or appropriate documentation of corrective action was provided to the Regional Office within an acceptable time frame.

No.	Requirement(s) Cited	Description of Alleged Noncompliance and Corrective Action Taken

H. BIOMONITORING: () Applicable () N/A

Were any problems noted with the following items? If yes, provide comments.

() Yes () No Sample holding time
() Yes () No Sample collection
() Yes () No Sample type
() Yes () No Unauthorized sample dechlorination

I. OTHER COMMENTS: () Applicable () N/A

J. REGIONAL OFFICE ACTION TAKEN: () Applicable () N/A

K. CENTRAL OFFICE ACTION REQUESTED: () Applicable () N/A

Inspector

Regional Water Section Manager

Signature Date _____

ACCURACY CHECK
FLOW INDICATING/RECORDING EQUIPMENT

_____ Outfall

_____ Type of measuring device

_____ Time

_____ Head () inches () feet

_____ Recorded flow at time listed

_____ Calculated flow

Reference for calculated flow: _____

_____ Percent error

$$\text{Percent error} = \frac{(\text{recorded value} - \text{calculated value}) (100)}{\text{calculated value}}$$

_____ Date of last calibration

Comments: